

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
Governor's Office			
Division, Department, or Region (if applicable)			
CaliforniaVolunteers			
Street Address			
State Capitol, Sacramento, CA 95814			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
(916) 445-0873			
Agency Contact (name and title)			
Dan Maguire, Deputy Legal Affairs Secretary			

2. Donor Name and Address

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Other			Deloitte Consulting LLP	
Last Name		First Name		Name	
350 South Grand Avenue		Los Angeles		CA	90071
Address		City		State	Zip Code

Deloitte Consulting LLP offers consulting services for a broad range of clients.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name	\$	Amount	Name	\$	Amount
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3. Payment Information

Date and Amount of Payment (other than travel) 10/13/2008 \$ 515,000 (estimated)
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

Date(s) of Travel	\$	Transportation Expenses	\$	Lodging Expenses	\$	Meal Expenses	\$	Other Expenses	\$	Total Expenses
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Provide a specific description of the nature and use of the payment for official agency business:

Deloitte Consulting LLP began providing pro bono consulting services to CaliforniaVolunteers on October 13, 2008. Deloitte is providing consulting services regarding CaliforniaVolunteers' Disaster Corps and its Corporate Partner Program.

Identify the officials for whom the payment was used:

not applicable			
Last Name	First Name	Title	Department/Division
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	Susan Kennedy	Chief of Staff	11/00/08
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)